	s	tate of Rhode Island and P Office of the Secre	
		Division Of Busine 148 W. River	Street
HOPE		Providence RI 02 (401) 222-3	
Limited Liabilit	<u> </u>	pany	
Annual Report Filing Period: Septe		- November 1	
to file its annual rep	oort with	7-16-66(d), each limited liability co in thirty (30) days after the time pre penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000132527</u>			
2. Exact Name of the Limited Liability Company THE WEITZ COMPANY, LLC			
3. State of Formation			
State: <u>IA</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>236220</u>			
4. Brief Descripti	on of th	e Character of the Business Wh	ch is Actually Conducted in Rhode Island
GENERAL CONTRACTOR/ CONSTRUCTION MANAGEMENT			
5. Principal Offic	e Addre	SS	
No. and Street:		ATSON POWELL JR. WAY	
City or Town:	<u>SUITE</u> DES M	<u>100</u> IOINES	State: <u>IA</u> Zip: <u>50309</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
	No. and Street: <u>420 WATSON POWELL JR. WAY</u> SUITE 100		
		<u>ÖİNES</u>	State: IA Zip: 50309 Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title		Individual Name	Address
		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

LEONARD MARTLING JR.

MANAGER

420 WATSON POWELL JR. WAY

DES MOINES, IA 50309 USA

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET #700 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 19 Day of September, 2017 at 11:24:39 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>MAREN MOONEY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved